FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL						
OMB Number: 3235-0076							
Expires:	May 31, 2005						
Estimated average b	ourden						
hours per response.	1.00						
SEC USE ONLY							
Prefix	Serial						

DATE RECEIVED

	·
Name of Offering (check if this is an amendment and name has changed, and indicate ch	ange.)
Qualmax, Inc. (Common Stock and Warrants for Common Stock)	./ /()
Filing under (Check box(es) that apply):	Section 4(6)/ DLOE
Type of Filing: New Filing Amendment	2000000
A. BASIC IDENTIFICATION DATA	A GEOGRAPH
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate ch	ange/
Qualmax, Inc. (f/k/a Bench Group, Inc.)	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Jochuting Area Code)
340 West Fifth Avenue	(541) 683-2892
Eugene, Oregon 97401	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Qualmax, Inc. is a provider of Voice Over Internet Protocol (VoIP) services.	
Type of Business Organization ⊠ corporation ☐ limited partnership, already formed ☐ other (please ☐ business trust ☐ limited partnership, to be formed	specify):
Actual or Estimated Date of Incorporation or Organization: MONTH YEAR	Actual

CN for Canada; FN for other foreign jurisdiction)



Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on the ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers;

• Lach genera	i and managing pa	artnership of partnersh	ip issuers.	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			
M. David Kamrat				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)		
340 West Fifth Avenue, Eug	ene, Oregon 9740	1		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			
Noah Kamrat				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)		
340 West Fifth Avenue, Eug	ene Oregon 9740	1		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ General and/or
Check Don(es) that repply:	L Tromoter	benenenn owner	Z Zaccume Omeen	Managing Partner
Full Name (Last name first, if	individual)			
•	individuai)			
Edward K. Moffly Business or Residence Addres	(N)	of City State 7th Code		
	•			
340 West Fifth Avenue, Eug				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·	
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Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			
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Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)		
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Full Name (Last name first, if	individual)			
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Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			
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Business or Residence Addres	s (Number and Stre	et, City, State. Zip Code)		
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	:		
D : D ::1 141	(N J. C J. C	Charles Charles (Charles)		
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)		<u> </u>	
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		
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Full Name (Last name first, if it	ndividual)			
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Full Name (Last name first, if i	ndividual)			
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Full Name (Last name first, if i	ndividual)			
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)		**************************************	
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		
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Full Name (Last name first, if i	ndividual)			
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)			
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		

								В. Г	NFOI	RMAT	NOI	ABO	OUT OF	FERIN	G									
1. Has	the issu	er solo	d, or d	loes the	issu	er inte	end to	o sell, t	o nor	ı-accr	edite	d in	vestors	in this	offer	ing?			••••		Yes		No	
An	swer als	o in A	ppend	łix, Col	umn	2, if fi	iling	under	ULO	E.														
2. Wh	at is the	minim	num ir	nvestm	ent t	hat wil	li be :	accepto	ed fro	om any	y ind	ividi	ual?							\$_1	n/a			
3. Do	3. Does the offering permit joint ownership of a single unit?													Yes ⊠		No								
any the SE list	ter the in y commis offering C and/or ed are as aler only.	sion of the side o	or sim perso a stat	ilar rei in to be e or sta	mun liste ites,	eration ed is an list the	for s asso and	solicita ociated ie of th	tion perse e bro	of pur on or oker o	chas agen r dea	es in t of a aler.	connec a broke If more	ction w r or des e than f	ith sa aler i ive (ales of registe (5) pers	secu red sons	rities with 1 to be	in he					
Full N	ame (La	st nan	ne firs	st, if inc	livid	ual)																		
Busine	ess or Re	sidenc	ce Ado	dress (N	Num	ber an	d Str	eet, Ci	ty, St	tate, Z	ip C	ode)												
Name	of Assoc	iated	Broke	r or De	ealer														_					
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Busine	ess or Re	siden	ce Ado	dress (I	Num	ber an	d Str	eet, Ci	ity, Si	tate, Z	ip C	ode)				-								
Name	of Assoc	iated	Broke	er or Do	ealer		-																	
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	FPROCEEDS	
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ <u>0</u>	\$ <u>0</u>
Equity	\$500,000	\$500,000
□ Common □ Preferred	Ψ <u>200</u> 3,000	ψ <u>200</u> ξ000
Convertible Securities (including warrants): Warrants to purchase Common	\$1,500,000	\$0
Partnership Interests	\$ <u>0</u>	\$ <u>0</u>
Other (Specify:)	\$ <u>0</u>	\$0
Total	\$2,000,000	\$500,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$500,000
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Question 1.	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505	N/A	N/A
Regulation A	N/A	N/A
Rule 504		<u>N/A</u> N/A
Total	<u>N/A</u>	<u>N/A</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$0
Printing and Engraving Costs		\$0
Legal Fees		\$ 27,000
Accounting Fees		\$0
Engineering Fees		\$0
Sales Commissions (specify finders' fees separately)		\$0
Other Expenses (identify): Consulting and finders' fees and miscellaneous	🔯	\$200,000
Total		\$227,000
4 v *** *******************************		- == : : : : : :

C. 01	FFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS (conti	nued)
1 and total expenses fur	rnished in response to Part C - Question 4.a. This difference is the		\$ <u>1,773,000</u>
to be used for each of the estimate and check the	he purposes shown. If the amount for any purpose is not known, furnish an box to the left of the estimate. The total of the payments listed must equal		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fee	S	\$ <u>0</u> _	□ \$ <u>0</u>
Purchase of real	estate	\$0	□ \$ <u>0</u>
Purchase, renta	er the difference between the aggregate offering price given in response to Part C- Question of the prinshed in response to Part C - Question 4.a. This difference is the led gross proceeds to the issuer." be below the amount of the adjusted gross proceeds to the issuer used or proposed sed for each of the purposes shown. If the amount for any purpose is not known, furnish: e and check the box to the left of the estimate. The total of the payments listed must equa usted gross proceeds to the issuer set forth in response to Part C- Question 4.b. above. Salaries and fees	\$0	□ \$ <u>0</u>
Construction or		\$0	S 0
another issuer p	ursuant to a merger)	\$ <u>0</u>	S0
Repayment of in	debtedness	\$0	\$0
Working capital	1	\$ <u>0</u>	∑ \$ <u>1,773,000</u>
Other (specify):	Research and development	\$ <u>0</u>	\$0
	Clinical studies		
	Marketing and sales	\$0	
	Insurance expense	\$0	
	furnished in response to Part C - Question 4.a. This difference is the eeds to the issuer." S1,773,000		
	Patent fees	\$0	
Column Totals.		\$ <u>0</u>	⊠ \$ <u>1,773,000</u>
Total Payments	Listed (column totals added)	⊠ s	1,773,000

	D. FEDERAL SIGNATURE	
following signature constitutes an underta	e signed by the undersigned duly authorized per king by the issuer to furnish to the U.S. Securiti he issuer to any non-accredited investor pursuan	es and Exchange Commission, upon written request
Issuer (Print or Type) Qualmax, Inc.	Signature No.	Date February 10, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
M. David Kamrat	Chairman of the Board and CEC)

ATTENTION ____

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

				A	PPENDIX		· · · · · · · · · · · · · · · · · · ·		
1	Intend t non-acc investors (Part B-	credited s in State	Type of Security and aggregate offering price offered in state (Part C-1tem 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ							·· · · · · · · · · · · · · · · · · · ·		
AR				• • • • • • • • • • • • • • • • • • • •					
CA		ļ					·		
со									
СТ									
DE									
DC		X	Common Stock \$500,000	1	\$2,000,000	0	\$0		X
FL		"	Warrants \$1,500,000	•					
GA									
HI									
ID									
IL									
IN									
IA									
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KY									!
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	APPENDIX										
1	Intend to sell to non-accredited investors in State (Part B-Item 1)	Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ication e ULOE attach ion of ranted) tem 1)			
NE											
NV											
NH			,								
NJ											
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NY											
NC		,		<u> </u>							
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